



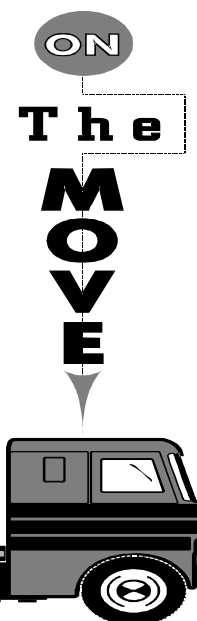
COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES, OFFICE OF MANAGED CARE

WINTER 2000/2001

THE COMMUNITY HEALTH PLAN IS ON THE MOVE!

During October 2000, Community Health Plan's (CHP's) administrative offices relocated to Alhambra. The new mailing address for the CHP is:

**Community Health Plan
1000 South Fremont Avenue
Building A-9 East, 2nd Floor, Unit 4
Alhambra, CA 91803-1323**



NEW CHP PHONE NUMBERS:

MEMBER SERVICES
1(800) 475-5550

PROVIDER RELATIONS
(626) 299-5599

UTILIZATION REVIEW
(626) 299-5539

CLAIMS PROCESSING
(626) 299-5338

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L.A. Care
HEALTH PLAN

CHP is an affiliate of L.A. Care Health Plan in the Medi-Cal Managed Care Program

Legislation 2000 Review: Here is a review of some Year 2000 State legislation which impacted health care:

Bill No. Summary

- AB12** Requires health plans to provide or authorize a second medical opinion when requested by an enrollee or the treating health professional.
- AB 39** Requires health plans that provide outpatient prescription drug benefits to provide coverage for a variety of FDA-approved contraception methods.
- AB 88** Requires health plans to provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses for persons of any age and serious emotional disturbances of a child, under the same terms and conditions applied to other medical conditions.
- AB2168** Requires health plans to broadly interpret that HIV or AIDS is a "condition or disease that requires specialized medical care over a prolonged period of time and is life-threatening, degenerative, or disabling". Bill also requires health plans to use objective criteria for determining which providers have demonstrated expertise in treating a condition or disease involving a complicated treatment regimen that requires on-going monitoring.
- SB 5** Requires health plans to provide coverage for breast cancer screening, diagnosis and treatment.
- SB 59** Health plans must disclose the guidelines used to determine whether to authorize or deny health care services.
- SB 64** Requires health plans to provide for diabetics: certain specified equipment and supplies, prescriptions, medications, self-management training, education, and nutrition.
- SB 148** Requires health plans to provide coverage for the testing and treatment of PKU, including formulas and special food products.
- SB 205** Requires health plans to provide coverage for all generally accepted cancer screening tests.
- SB 349** Requires health plans to provide coverage for the additional screening, examination, and evaluation of patients to determine whether a psychiatric emergency medical condition exists.
- SB1903** Ensures that adult patients are allowed to prepare a specified addendum to their medical records and requires the provider to attach that addendum to the patient's records.
- SB2094** Permits health plans to provide initial communications via facsimile to providers for denials of treatment requests. Bill also requires plans to ensure that education & training is available to enable diabetic patients and their families to understand the disease process and the daily management of the disease to avoid hospitalization and complications.

FRAUD AND ABUSE IN MANAGED CARE

Nationally, fraud is a multi-billion dollar drain on healthcare resources, and federal, state, and county governmental officials have made antifraud activities a priority. The Community Health Plan has a zero tolerance for fraud.

WHAT CAN YOU DO?

You can help reduce fraud by ensuring that your office staff are trained in fraud detection and they:

- * Accurately identify patients who present for care
- * Check patient's eligibility to receive services

HOW TO REPORT FRAUD

Report potential Medi-Cal fraud immediately by calling either the:



- * State of California-Department of Health Services, Medi-Cal Fraud Hotline: **1(800) 822-6222**; or
- * L.A. Care Health Plan Fraud Hotline: **1(800) 400-4889**; or
- * L.A. County-Department of Health Services, Ethics & Compliance Hotline: **1(800) 711-5366**

Meet Mary Abbott, M.D., OMC Chief Medical Officer

Mary Abbott, M.D., has been Chief Medical Officer of the Office of Managed Care (OMC) since December 1999.



Dr. Abbott has a diverse professional background. She graduated from the University of California, Irvine, with a Doctor of Medicine. She completed her internship and residency programs, and a fellowship program in cytology and immunology, at the Los Angeles County-University of Southern California Medical Center.

Dr. Abbott has spent 19 years with the Los Angeles County Department of Health Services (LACDHS), initially, as a staff physician, Associate Medical Director and Medical Director of H. Claude Hudson Com-

prehensive Center (CHC).

Dr. Abbott played a key leadership role in the successful JCAHO (Joint Commission for Accreditation of Healthcare Organizations) accreditation of the LAC+USC Healthcare Network (the first public system in the nation accredited by JCAHO as an integrated delivery system).

As Medical Director of the Hudson CHC and the network of six health care facilities, she had oversight responsibility for the medical programs and ancillary support services.

Dr. Abbott is a Clinical Associate Professor of Pathology at the USC School of Medicine. She was the principal investigator for a study of a Cancer Prevention Research Unit funded by the National Cancer Institute.

Pauline Rodriguez, Acting Director of OMC

Pauline Rodriguez is the Acting Director of the Office of Managed Care (OMC). Ms. Rodriguez has been involved with the Community Health Plan since its inception, at Edward R. Roybal Comprehensive Health Center and LAC+USC Medical Center in December 1985. Later, at



Olive View/UCLA Medical Center (Valley Care), she helped start up the Plan at both the Sylmar and Mid-Valley locations.

She served as OMC's Director of Clinical Programs from 1993 to 1995 and as OMC's Operations Officer from 1996 to 2000.

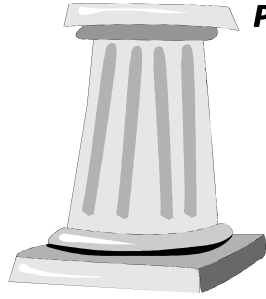
Prior to her tenure with OMC, Ms. Rodriguez held various management positions within Public Health Programs and the Department of Health Services.

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CHP

provider news connection

Pauline Rodriguez----Interim Director, Office of Managed Care



OMC GOALS FOR YEAR 2001

"As we move forward into the New Year, I want to share with you four goals set by the Office of Managed Care for 2001. "

1. Achieve Community Provider Plan designation in L.A. County for the Healthy Families Program for the fourth consecutive year.
2. Implement the recommendations contained in the Department's Contracting Plan to strengthen the Department's presence in the managed care market.
3. Design and Implement a Customer Retention Program for the Medical and Healthy Families Programs.
4. Establish a Cultural and Linguistics Division within OMC to oversee the implementation of federal, and State statutes governing the delivery of managed care services to non-English speaking populations.

• The CHP *provider news connection* is published semiannually by the County of Los Angeles - Department of Health Services, Office of Managed Care

• Pauline Rodriguez, Interim Director, Office of Managed Care
Mary Abbott, M.D., Chief Medical Officer, Office of Managed Care

• Comments and ideas are welcome. Please contact:
Raub Mathias, Editor at (626) 299-5328 or rmath@netscape.net

"I look forward to working with you all on the challenges the New Year brings."



provider news connection

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ADDRESS CORRECTION REQUESTED